



Attorney Docket No.: 47004.000172

2/20/03
P8
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

William MANN et al.

Serial Number: 09/956,997

Filed: September 21, 2001

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Examiner: Unassigned

Group Art Unit: 2161

Title: SYSTEM FOR PROVIDING CARDLESS PAYMENT

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with 37 C.F.R. §§ 1.56, 1.97, and 1.98, Applicants respectfully submit the following documents for the Examiner's consideration. A copy of Form PTO-1449 and copies of each of the listed documents are enclosed for the Examiner's convenience.

Applicants respectfully request that the Examiner consider the enclosed references and indicate that the references have been considered in this application by returning a copy of the Form PTO-1449 with the Examiner's initials in the left column per MPEP 609.

This Information Disclosure Statement is believed to be submitted before the mailing of a first Office Action. Accordingly, no fees are due. However, if any fees are

incurred upon the filing of this Information Disclosure Statement, the Commissioner is hereby authorized to charge the undersigned's Deposit Account No. 50-0206.

Respectfully submitted,

HUNTON & WILLIAMS

Date: May 21, 2002

By: 

Andrew J. Ririe
Registration No. 45,597
James R. Miner
Registration No. 40,444

Hunton & Williams
1900 K Street, N.W., Suite 1200
Washington, D.C. 20006-1109
(202) 955-1500

Form PTO-1449 U.S. Department of Commerce
(Rev. 8-83) Patent and Trademark Office

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INFORMATION DISCLOSURE STATEMENT

(Use several sheets if necessary)

Applicant:
William MANN et al.

Filing Date:
September 21, 2001

Group:
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U.S. PATENT DOCUMENTS

Examiner Initial*	Document Number	Date	Name	Class	Subclass	Filing Date (if appropriate)

FOREIGN PATENT DOCUMENTS

Document Number	Date	Country	Class	Subclass	Translation Yes No
WO 00/67177	11/09/2000	PCT	G06F	17/60	

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)

Examiner:

Date Considered:

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.